

Department of Human Services
Bureau of Human Service Licensing

June 6, 2022

[REDACTED], OWNER/ADMINISTRATOR
HORIZON PERSONAL CARE HOME INC
9 SOUTH MORGANTOWN STREET
FAIRCHANCE, PA, 15436

RE: HORIZON PERSONAL CARE HOME,
INC.
9 SOUTH MORGANTOWN STREET
FAIRCHANCE, PA, 15436
LICENSE/COC#: 41383

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *HORIZON PERSONAL CARE HOME, INC.* License #: *41383* License Expiration: *05/28/2022*
Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HORIZON PERSONAL CARE HOME INC*
Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA, 15436*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/10/2000* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/29/2022*

Inspection Dates and Department Representative

03/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* Residents Served: *14*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

03/29/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/15/2022*

04/21/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/27/2022*

04/22/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/21/2022*

06/06/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 11:56 am, the home's medication closet was unattended and unlocked, with the keys hanging from the lock of the closet door. The medication cart was also unlocked in the unlocked closet, which contained numerous medications for numerous residents, as well as numerous [REDACTED] medication administration records (MAR's) for numerous residents on top of the medication cart, to include residents #1 and #2.

Plan of Correction

Accept

The medication closet was locked immediately and keys put away during inspection. Staff made aware immediately of regulation 2600.17.

Administrator or staff will check after each medication administration for compliance of 2600.17.

All staff was educated on 03/30/2022. Documentation will be kept for the education.

Documentation will be kept daily to ensure compliance of 2600.17.

Completion Date: 04/21/2022

Document Submission

Implemented

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 9/23/16, indicates the batteries in all carbon monoxide detectors must be labeled with the date of installation and replaced at least once annually. However, the carbon monoxide detector in the home's basement did not include the date of battery installation.

Plan of Correction

Accept

Battery was dated and changed immediately during inspection date of 03/29/2022.

Adm or designee will check yearly for compliance of 2600.18.

Staff was educated on 3/30/2022 to ensure compliance of 2600.18.

Completion Date: 04/21/2022

Document Submission

Implemented

60a - Staff/Support Plan

1. Requirements

2600.

60a - Staff/Support Plan (continued)

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home routinely schedules 1 direct care staff person from 6:00 am-6:00 pm, then 1 direct care staff person from 6:00 pm-6:00 am, 7 days a week. On Monday-Friday, a 2nd direct care staff person is present in the home from 8:00 am-4:00 pm. Resident #3 requires the assistance of 2 direct care staff persons to [REDACTED] so staffing is not adequate to meet the needs of the residents when only 1 direct care staff person is working in the home.

Plan of Correction

Directed

On 4/21/2022 description of services changed to we will no longer serve a 2 or more person assist. On 4/21/2022 all residents and families notified of this change. (DIRECTED: Documentation of the notification shall be kept in each resident's record. [REDACTED] 4/22/22).

A minimum of 2 people will be on duty for 24 hours to ensure compliance of 2600.60.a.

On 5/21/2022 description of services will take effect.

The 30 day notice was given on 4/21/2022.

DIRECTED: Per the administrator on 4/21/22, resident #3 was issued a 30-day notice on 4/21/22. Documentation of the 30-day notice shall be kept in resident #3's record. Upon resident #3's request, the home shall provide resident #3 with [REDACTED] in accordance with 2600.228a [REDACTED] 4/22/22

Completion Date: 04/21/2022

Document Submission

Implemented

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:51 am, the right lid to the home's dumpster was open, which was approximately 1/4 full of garbage. Also, an approximate 1' x 1' area of the ground outside the dumpster was covered with ham lard.

Plan of Correction

Accept

The dumpster lid was closed immediately and ham lard cleaned up on 3/29/2022.

Adm or designee will check daily during each shift for compliance of 2600.85.e.

Staff was educated on 3/30/2022.

Documentation will be kept daily for compliance of 2600.85e.

Completion Date: 04/21/2022

Document Submission

Implemented

88a - Surfaces

1. Requirements

88a - Surfaces (continued)

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is an approximate 2" gap between 8 planks of the home's living room flooring, which pose as a tripping hazard.

Plan of Correction

Accept

The floor has been measured by Lowes for new install of new vinyl planking. We are waiting on the price and installation date.

The floor will be completed by 5/21/2022.

Administrator or staff person will inspect all floors, walls, ceilings, windows, doors and other surfaces are clean and in good repair monthly. Documentation will be kept.

Completion Date: 04/21/2022

Document Submission

Implemented

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of December, 2021.

Plan of Correction

Accept

A fire drill will be held monthly to ensure compliance of 2600.132.a.

Staff educated on monthly fire drills on 3/30/2022.

Administrator or designee will check at the end of every month for compliance of 2600.132.a.

Documentation will be kept for monthly review.

Completion Date: 04/21/2022

Document Submission

Implemented

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 11:56 am, the home's medication closet was unattended and unlocked, with the keys hanging from the lock of the closet door. The medication cart was also unlocked in the unlocked closet, which contained numerous medications for numerous residents, to include the following:

- Resident #1's [REDACTED]
- Resident #2's [REDACTED]

183b - Meds and Syringes Locked (continued)

Plan of Correction**Accept**

The door was locked immediately on 3/29/2022 during inspection.

Administrator or staff will check after each medication administration for compliance of 2600.183.b.

Staff was educated on 3/30/2022 to ensure compliance of 2600.183.b.

Documentation will be kept daily for compliance of 2600.183.b.

Completion Date: 04/21/2022

Document Submission**Implemented**

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

A 0.33 oz. tube of Triple Antibiotic Ointment, which expired in June, 2015, was present in the home's first aid kit.

Plan of Correction**Accept**

The tube of triple antibiotic ointment was disposed of immediately during inspection on 3/29/2022.

Staff educated on 3/30/2022 on regulation 2600.183.f

Documentation will be kept for staff education.

Administrator or designee will check weekly for compliance of 2600.183.f.

Completion Date: 04/21/2022

Document Submission**Implemented**

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A completed the Department-approved [REDACTED] on 3/26/22; however, staff person A's previous patient education program was completed on 11/23/19. Staff person A administered resident #1's

190b - Insulin Injections (continued)

[redacted] to the resident at [redacted] Also, staff person A administered resident #1's [redacted] and on [redacted]

Plan of Correction **Accept**

Administrator aware of regulation 2600.190.b.
Staff educated on 3/30/2022 of regulation 2600.190.b.
Administrator or designee will check yearly for compliance of 2600.190.b.
Documentation will be kept for the education and yearly checks.
All staff records were reviewed and up to date for qualifications to administer medications effective 4/21/2022.

Completion Date: 04/21/2022

Document Submission **Implemented**

225c - Additional Assessment

1. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 - 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #3 requires the [redacted] however, the resident's [redacted]

Plan of Correction **Directed**

The new resident assessment was updated on [redacted].
Administrator or designee will check all files immediately for compliance of 2600.225.c.
Staff educated on 3/30/2022 for compliance of 2600.225.c
Documentation will be kept for education and files checks.
Administrator or designee will check patient files on the 1st of every month for compliance of 2600.225.c.
(DIRECTED: The checks shall ensure each resident's assessment accurately reflects the resident's care needs. [redacted] 4/22/22).
Documentation will be kept in the files.

Completion Date: 04/21/2022

Document Submission **Implemented**

226a - Mobility Assessment

1. Requirements

- 2600.
- 226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #3 requires the [redacted]

226a - Mobility Assessment (continued)**Plan of Correction****Directed**

The new resident assessment was completed on [REDACTED].

Administrator or designee will check all files immediately and every month to ensure compliance of 2600.226.a.

Staff educated on 3/30/2022 for compliance of 2600.226.a.

Documentation will be kept for the education and file checks

Administrator or designee will check all files on the 1st of each month to ensure compliance of 2600.226.a effective 4/21/2022. (DIRECTED: The checks shall ensure each resident has an accurate assessment of the resident's mobility needs. [REDACTED] 4/22/22).

Completion Date: 04/21/2022

Document Submission**Implemented**